



**HAWAII STATE ETHICS COMMISSION**  
1001 BISHOP STREET, ASB TOWER 970  
P.O. BOX 616, HONOLULU, HAWAII 96809  
TEL: 587-0460 FAX: 587-0470  
email: ethics@hawaiiethics.org

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STATE OF HAWAII  
STATE ETHICS COMMISSION

## LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

<b>PART I LOBBYIST</b>			
NAME(Last) O'Day	(First) Linda	(Middle) L.	TELEPHONE 523-6361
MAILING ADDRESS (Street) 567 South King Street, Ste. 400			FAX 523-6365
(City) Honolulu	(State) Hawaii	(Zip Code) 96813	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
MAILING ADDRESS (Street)			FAX
(City)	(State)	(Zip Code)	

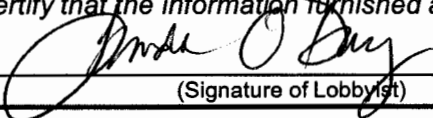
<b>PART II ORGANIZATION</b>		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Kamehameha Schools		TELEPHONE 523-6200
MAILING ADDRESS (Street) 567 South King Street, Ste. 400		FAX 541-5305
(City) Honolulu	(State) Hawaii	(Zip Code) 96813
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT Raynard Soon , V.P. Community Relations/Communications		TELEPHONE 523-6200
MAILING ADDRESS (Street) 567 South King Street, Ste. 400		FAX
(City) Honolulu	(State) Hawaii	(Zip Code) 96813

**PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY**

XX Agriculture	XX Education	XX Human Services	XX Science, Technology & Economic Development
XX Communications & Public Utilities	Government Operations & Finance	Intergovernmental Relations, International Affairs	XX Tourism & Recreation
XX Consumer Protection & Commerce	XX Hawaiian Affairs	XX Labor & Employment	XX Transportation
XX Culture, Arts, Historic Preservation	XX Health	XX Planning, Land & Water Use Management	Other: (indicate below)
XX Ecology, Energy Environmental Protection	XX Housing	XX Public Safety & Corrections	

**PART IV CERTIFICATION OF LOBBYIST**

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

  
(Signature of Lobbyist)

12/29/04  
(Date)

**PART V AUTHORIZATION TO LOBBY**

NAME Raynard Soon	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED Vice President, Community Relations & Communications
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NAME OF ORGANIZATION (if applicable)  
Kamehameha Schools

TELEPHONE  
523-6200

MAILING ADDRESS (Street)  
567 South King Street, Ste. 400

FAX  
541-5305

(City)  
Honolulu

(State)  
Hawaii

(Zip Code)  
96813

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.

  
(Signature of Authorizing Officer or Person Represented)

12/30/04  
(Date)